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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 483	
1. PLACE OF DEATH							
COUNTY		Yavapai		STATE		ARIZONA	
TOWNSHIP		Prescott		OR VILLAGE		OR	
CITY		Pioneer Home		NO.		WARD	
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)							
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED 72 YRS. MOS. DS. HOW LONG IN U. S. OF FOREIGN BIRTH? YRS. MOS. DS.							
2. FULL NAME John L. Simmons HOW LONG IN STATE WHEN DEATH OCCURRED? 72 YRS. MOS. DS.							
(A) RESIDENCE: NO. Pioneer Home ST. WARD. (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX		4. COLOR OR RACE		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD)			
Male		White		Divorced			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 7, 1862.							
7. AGE		YEARS		MONTHS		DAYS	
73		10		?		IF LESS THAN 1 DAY, HRS. OR MIN.	
OCCUPATION		8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.					
		Rancher					
		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.					
		10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)					
		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION					
12. BIRTHPLACE (CITY OR TOWN) Fort Scott							
(STATE OR COUNTY) Kansas							
FATHER		13. NAME Thomas W. Simmons					
		14. BIRTHPLACE (CITY OR TOWN) Unknown					
		(STATE OR COUNTY) Missouri					
MOTHER		15. MAIDEN NAME Sanders					
		16. BIRTHPLACE (CITY OR TOWN) Unknown					
		(STATE OR COUNTY) Missouri					
17. INFORMANT Supt. Pioneer Home							
(ADDRESS) Prescott, Arizona							
18. BURIAL, CREMATION, OR REMOVAL Burial							
PLACE Pioneer Cem. DATE July 3, 1936							
19. EMBALMER		LICENSE NO. 8 A					
FUNERAL DIRECTOR		SIGNATURE Lester Ruffner					
		Prescott, Arizona					
20. FILED 7/2/36, 19 REGISTRAR							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/1/36, 19							
22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM June 28, 1936 to July 1, 1936							
I LAST SAW HIM ALIVE ON July 1, 1936 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT P. M.							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Acute pyelitis 6/28/36							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Chronic prostatitis ?							
NAME OF OPERATION: Prostatectomy DATE OF 6/20/36							
WHAT TEST CONFIRMED DIAGNOSIS: Signs WAS THERE AN AUTOPSY? No							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY 19							
WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE							
MANNER OF INJURY							
NATURE OF INJURY							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No							
IF SO, SPECIFY							
(SIGNED) J. Allen M. D.							
(ADDRESS) Prescott, Arizona.							